

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss (Invalid) Family Care Plan IAW AR 600-20.
- Determine reasons for invalid plan.
- Establish time frame to correct problem.
- Inform soldier that failure to maintain a valid plan may be grounds for separation.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

(Rank/Name) _____, on (Date) _____, a review of your Family Care Plan was conducted.

The following items were found to be missing, out of date, or no longer valid (check appropriate forms)

- ____ DA Form 5304-R (Family Care Plan Counseling) (Signed by the Commander or designated representative and Spouse's Commander or designated representative when dual military)
- ____ DA Form 5305-R (Family Care Plan) (Signed by the Commander and Spouse's Commander when dual military)
- ____ DA Form 5841-R (Special Power of Attorney for Guardianship) (Copy)
- ____ DA Form 5840-R (Certificate of Acceptance for Guardianship and Escort) (Original)
- ____ DD Form 1172 (ID Card Application - one per dependent)
- ____ DD Form 2558 (Allotment Form or other proof of financial support)
- ____ Letter of Instruction to Guardian(s) and Escort (Copy)
- ____ Will (optional)

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

- Soldier was informed that he/she has until (date) _____ to correct the shortcomings listed above. The soldier was reminded that it was their individual responsibility to update their family care plan when items become invalid or when there is a change in the personnel listed in their plan. I also informed the soldier that should they miss the deadline, I would consider a Bar to Reenlistment and/or possible separation from the military.
- Soldier received and signed notification of possible separation for continued substandard performance IAW AR 635-200, para 1-18(a).
- Soldier gave the following reasons for the invalid plan:

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- Conduct assessment of this counseling on (date) _____ to determine if corrections have been made.
- If soldier fails to correct problem, determine appropriate level of action.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.